always lived a regular life, and up to the age just mentioned had suffered from no severe disease. On a cold night in winter, whilst in a state of perspiration, he stood for some time with his feet in a puddle of ice-water, and was soon afterwards seized with pain in the neck and back, from which he continued to suffer up to the day of his death, which occurred ten years subsequently. He gradually became emaciated and pale. At length a permanent distortion of the spine set in, with consequent difficulty of breathing, which was mainly due to the compression of the lungs from an enlarged gland situated beneath the sternum. Finally pain was experienced upon the least movement, especially of the trunk. A severe febrile movement now set in from time to time. Perspiration seldom occurred. The urine was generally clear and yellowish. Shortly before death, in consequence of pressure upon the spinal cord by the curvature of the cervical vertebræ, the left arm became paralyzed. A *post-mortem* examination showed that the anterior wall of the chest was very much bulged forward to the level of the third rib, and at the lower portion of the chest, at its sides, the ribs were forced out, very much bent, of a deep bluish colour, their periosteum not thickened, but readily removed, and at some points they were cracked. Upon dividing the integuments they were found reduced to the thinness of paper, and the contents of the cavity of the chest consisted in great measure of a soft fatty reddish substance. The cervical vertebræ were very much curved laterally, with the convexity of the curve to the left side, the dorsal vertebræ were curved outwardly. The vertebræ and bones of pelvis projected backwards. There was some degree of gibbosity of the clavicles and of the sternum, in which the indications of osteo-sarcoma were present. This accords with the previous investigations of Prof. Scüppel on the diseased conditions of the bones. The bones of the extremities, and those of the cranium were in a normal condition. —*Centralblatt f. d. Med. Wissenschaften*, July 23, 1870. D. F. C.

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35. *Digitalis in Delirium Tremens.*—Dr. A. WILTSHIRE, records (*Lancet*, Aug. 27th, 1870) five cases of delirium tremens successfully treated by half-ounce doses of tincture of digitalis. He states that Dr. Russell Reynolds, to whom he had communicated these cases, suggested that possibly the good effect of the half-ounce of tincture of digitalis might be owing to the alcohol it contained, and not to the digitalis; and he recommended that, if I had an opportunity of doing so, it would be well to try the effect of half an ounce of proof spirit. Dr. Reynolds, also, suggested that, if I found it necessary to resort to digitalis, it would be desirable to give a watery infusion of the drug, using a dose of it equal in strength to half an ounce of the tincture. It so happened that, shortly after this conversation, Case 3 again came under my care, with another severe attack of delirium tremens. I felt it to be my duty to give him the benefit of ordinary treatment at the outset, as I had done in the first attack for which I attended him; but the result was equally unsatisfactory, and ultimately, I judged it to be necessary to give him digitalis again. But before doing so, I determined to put into practice Dr. Reynold's suggestion. I accordingly gave half an ounce of proof spirit; and although for a considerable time I carefully watched the patient after its administration, I could detect no change whatever either in the pulse, respiration, or mental condition. Finding the result of this experiment to be purely negative, I resorted to the half-ounce dose of tincture of digitalis, as I found a difficulty in procuring good digitalis leaves wherewith to make a watery infusion. This, happily, acted as efficiently as a like dose had done on the first occasion; and the phenomena observed after its administration were of precisely the same character—that is to say, the pulse fell in frequency while it gained in volume and strength, the breathing became more tranquil, and the patient fell asleep within twenty minutes of taking the drug. After some hours' sleep he awoke cured.

No bad or dangerous effects were observed in either of the cases narrated, although, I confess, that the marked decrease in the frequency of the pulse at first made me uneasy; and, had I not recognized that, while it fell in frequency, it gained remarkably both in force and in volume, I should have been alarmed.

It will be observed that my patients were young, or comparatively young, persons; for I am averse to treating the aged by means of large doses of digitalis, being, in truth, as it were instinctively, afraid to do so. And, even in the young, I was and still am loth to resort to so powerful, not to say dangerous, a remedy without, in the first instance, having given the patient the benefit of what is regarded as more orthodox treatment, which, undoubtedly, succeeds in the majority of cases.

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36. *Treatment of Scarlet Fever and the Consequent Dropsy by Baths.*—Dr. C. PILTZ, gives, in the *Jahrbuch f. Kinderheilk,* N. F. III. 1870, the results of two series of observations. One in regard to the effects of the cold bath in the reduction of the morbidly increased temperature of the skin in scarlet fever, the other showing the result of the employment of the warm bath for the removal of the dropsy consequent upon the disease. The first series were derived from twelve very severe cases of scarlatina, most of them complicated with diphtheritis. These were treated by immersion from eight to ten minutes in a cold bath of 25° C., the surface of the body being at the same time subjected to brisk friction. The bath was repeated at short intervals, until its temperature had risen to 38°.5′—39°.5′, so that it was repeated, in many cases, at intervals, several times in the hour. Of the cases of scarlatina of the same severe character as the twelve in question, in which the bath was not employed, 42 per cent. terminated fatally, whereas all that were treated by the cold bath recovered. The lowering of the temperature of the patient's surface at each immersion in the bath was slight, scarcely 1°. This was probably owing to the continued augmentation of temperature at the invasion and the continuance of the high temperature attained during and immediately after the eruptive stage of the disease. Whatever was the daily variation of temperature in addition to the evening exacerbation, there was always observed to occur a rise also of temperature at 2 o'clock P. M. The pyrogenetic stage of scarlatina occurs with great suddenness. The cause of the slight fall of temperature from the action of the cold bath in scarlet fever, Dr. P. refers to the constant chemical changes the blood is undergoing throughout the organism, in consequence of the morbid increase of respiration, and the inflamed condition of the skin. When, by the cold bath, the temperature of the surface is reduced, a change ensues in the capacity of the peripheral capillaries, causing an increased amount of blood, with an increase of temperature to take place in the more central organs. With the suspension of the bath there takes place a marked determination of blood towards the surface, especially in cases of scarlatina where the peripheral capillary system is much more developed than in the normal state. It is in consequence of the latter circumstance, that upon immersion in the cold bath comparatively, so slight a contraction of the capillaries of the surface takes place; it is also the reason why the pulse and the respiration is less reduced in the more severe cases of scarlet fever than in other forms of febrile disease. In none of the cases of scarlatina treated by the cold bath was any degree of dropsical effusion consequent upon the disease.

The second series of cases were those of dropsy following scarlet fever. They were treated, in accordance with the plan of Liebermeister, by the warm bath of gradually increased temperature, so as to produce copious perspiration. The duration of the patient's immersion was half an hour, the temperature of the bath within that period being gradually raised from 36° to 40° C. The perspiration induced by the bath was kept up for some two hours. After the entire cooling of the surface, the weight of the patient was taken, as a general rule, every second day. In this manner the amount of serous exudation within the abdomen will generally become more or less quickly reduced. The commencement of this diminution of exudation, as indicated by the continued loss of weight of the patient's body, is all important, as most generally, when once commenced, the decrease of the morbidly augmented effusion into the serous cavities and the subcutaneous cellular tissue, goes on without cessation until the normal condition is attained. Occasionally the extent to which the effused fluid is removed is such that the weight of the body is reduced below the normal standard. Before resorting to the warm bath, according to the plan above described, two things must be taken into account. 1st. The existence of disease of the lungs or heart, which is denoted by the presence of severe dyspnœa. Such cases must be care-